CATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ILLUMINATION OPTICAL APPARATUS AND EXPOSURE APPARATUS

PROVIDED WITH ILLUMINATION OPTICAL APPARATUS

described and claimed in the specification:

Check one

2 3 *a. attached hereto.

filed on November 28, 2001 as Application No. b. amended on and (if applicable)

MAR 0 1 2002

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I hereby state that I have reviewed and understand the contents of the aboveidentified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application are hereby claimed:

> Japanese Patent Application No. 2000-363225 filed on November 29, 2000 Japanese Patent Application No. 2001-074240 filed on March 15, 2001

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; and Edward P. Walker, Reg. No. 31,450.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued

Typewritten Full Name of Sole or First Inventor	Osamu		TANITSU
Inventor's Signature	Gown	Middle Initial	Family Name
"Date of Signature	Jan.	10	Saltan
Residence <u>Kumagaya</u>	Month Saitan	Day	Year
CitizenshipJapanese	State or	Province	Country
Post Office Address	c/o NIKON CORPORATIO	N	
(Insert complete mailing address, including country)			Tokyo 100-8331 JAPAN
'This fam.			

'This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked. "Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

1	Typewritten Full Name of Second Joint Inventor (if any)	Masato	S	SHIBUYA	
	• • •	Given Name	Middle Initial		
2	"Inventor's Signature	huots	middle initial	Family Name	
3	"Date of Signature	Month	Day	2002	
	Residence Chaira	Saxtama State or Prov		Year JAPAN	
	CitizenshipJapa	anese	ince	Country	
	Post Office Add:	ress c/o NIKON CORPO	s c/o NIKON CORPORATION		
	(Insert complete mailing address, including country	2-3, Marunouchi 3-chome, Chiyoda-ku, Tokyo 100-8331 JAPAN			
1	Typewritten Full Name of Third Joint Inventor (if any)	Mitsunori	Т	OYODA	
_	**-	Given Name	Middle Initial	Family Name	
2 3	"Inventor's Signature" Date of Signature	†	Toyoda	ramily Name	
•	bate of signature	Month	10	7007	
	Residence Fulgava	51	Day	Year	
	City	State or Provi		JAPAN	
	CitizenshipJapa	nese	ince	Country	
	Post Office Addr	ess c/o NIKON CORPOR	RATION		
	(Insert complete mailing address, including country		home, Chiyoda-ku, Tokyo 100-	0004 14044	
L	Typewritten Full Name of Fourth Joint Inventor (if any)			SOUT GAL AIN	
!	"Inventor's Signature	Given Name	Middle Initial	Family Name	
	"Date of Signature				
		Month	Day	Year	
	Residence		_	iear	
	City Citizenship	State or Provi	nce	Country	
	Post Office Addr (Insert complete mailing address, including country)				
	Typewritten Full Name of Fifth Joint Inventor (if any)				
	"Inventor's Signature	Given Name	Middle Initial	Family Name	
	**Date of Signature	V			
	Residence	Month	Day	Year	
	City	SEAL -			
	Citizenship	State or Provin	nce	Country	
	Post Office Addre	ess			

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.